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FORM <b>NCVS-2</b> (4-13-99)  U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE  <b>CRIME INCIDENT REPORT</b> <b>NATIONAL CRIME VICTIMIZATION SURVEY</b>		Notes					
1a. LINE NUMBER OF RESPONDENT _____		601	<div></div> <div></div> Line number (ex., 01)				
1b. SCREEN QUESTION NUMBER _____		602	<div></div> <div></div> Screen question number (ex., 39)				
1c. INCIDENT NUMBER _____		603	<div></div> <div></div> Incident number (ex., 01)				
<b>CHECK ITEM A</b>	Has the respondent lived at this address for more than 6 months? (If not sure, refer to 33a on the NCVS-1 or ASK.)	<input type="checkbox"/> Yes (more than 6 months) – <b>SKIP</b> to 3 <input type="checkbox"/> No (6 months or less) – Ask 2					
2. You said that during the last 6 months – (Refer to appropriate screen question for description of crime.) <b>Did (this/the first) incident happen while you were living here or before you moved to this address?</b>		605	1 <input type="checkbox"/> While living at this address 2 <input type="checkbox"/> Before moving to this address				
3. (You said that during the last 6 months – (Refer to appropriate screen question for description of crime.)) <b>In what month did (this/the first) incident happen?</b> (Show calendar if necessary. Encourage respondent to give exact month.)		606	<div></div> <div></div> Month <div></div> <div></div> <div></div> <div></div> Year				
4. If known, mark without asking. If not sure, ASK – <b>Altogether, how many times did this type of incident happen during the last 6 months?</b>		607	_____ Number of incidents				
<b>CHECK ITEM B</b>	How many incidents? (Refer to 4.)	608	1 <input type="checkbox"/> 1–5 incidents (not a "series") – <b>SKIP</b> to 6 2 <input type="checkbox"/> 6 or more incidents – Fill Check Item C				
<b>CHECK ITEM C</b>	Are these incidents similar to each other in detail, or are they for different types of crimes? (If not sure, ASK.)	609	1 <input type="checkbox"/> Similar – Fill Check Item D 2 <input type="checkbox"/> Different (not a "series") – <b>SKIP</b> to 6				
<b>CHECK ITEM D</b>	Can you (respondent) recall enough details of each incident to distinguish them from each other? (If not sure, ASK.)	610	1 <input type="checkbox"/> Yes (not a "series") – <b>SKIP</b> to 6 2 <input type="checkbox"/> No (is a "series") – Reduce entry in screen question if necessary – Read 5				
5. The following questions refer only to the most recent incident. (ASK item 6.)							
6. About what time did (this/the most recent) incident happen?		612	<div><b>During day</b> 1 <input type="checkbox"/> After 6 a.m. – 12 noon 2 <input type="checkbox"/> After 12 noon – 3 p.m. 3 <input type="checkbox"/> After 3 p.m. – 6 p.m. 4 <input type="checkbox"/> Don't know what time of day <b>At night</b> 5 <input type="checkbox"/> After 6 p.m. – 9 p.m. 6 <input type="checkbox"/> After 9 p.m. – 12 midnight 7 <input type="checkbox"/> After 12 midnight – 6 a.m. 8 <input type="checkbox"/> Don't know what time of night <b>Or</b> 9 <input type="checkbox"/> Don't know whether day or night</div>				

NCVS  
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INCIDENT  
REPORT

<div>7. In what city, town, or village did this incident occur?</div>	<div>613</div> <div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Outside U.S. – <b>SKIP</b> to 10</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>Not inside a city/town/village – Ask 8a</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>SAME city/town/village as present residence – <b>SKIP</b> to 9</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>DIFFERENT city/town/village from present residence – Specify ↴</div></div></div><div><div>Ask 8a</div></div><div><div></div></div><div><div>5</div><div><input type="checkbox"/></div></div><div>Don't know – Ask 8a</div></div>
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11. Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?	6171 <input type="checkbox"/> Yes – <b>SKIP</b> to 19 2 <input type="checkbox"/> No . . . . . } Ask 12 3 <input type="checkbox"/> Don't know }
12. Did the offender actually get INSIDE your (house/apartment /room/garage/ shed/ enclosed porch)?	6181 <input type="checkbox"/> Yes – <b>SKIP</b> to 14 2 <input type="checkbox"/> No . . . . . } Ask 13 3 <input type="checkbox"/> Don't know }
13. Did the offender TRY to get in your (house/apartment/room/garage/shed/ enclosed porch)?	6191 <input type="checkbox"/> Yes – Ask 14 2 <input type="checkbox"/> No – <b>SKIP</b> to 19 3 <input type="checkbox"/> Don't know – Ask 14
14. Was there any evidence, such as a broken lock or broken window, that the offender(s) (got in by force/TRIED to get in by force)?	6201 <input type="checkbox"/> Yes – Ask 15 2 <input type="checkbox"/> No – <b>SKIP</b> to 16
15. What was the evidence? Anything else? <i>Mark (X) all that apply.</i>	<div><div>6251 <input type="checkbox"/> Damage to window (include frame, glass broken/removed/cracked) . . . . . * 2 <input type="checkbox"/> Screen damaged/removed . . . . . 3 <input type="checkbox"/> Lock on window damaged/tampered with in some way . . . . . 4 <input type="checkbox"/> Other – <i>Specify</i> ↘</div><div>6261 <input type="checkbox"/> Damage to door (include frame, glass panes or door removed) . . . . . 2 <input type="checkbox"/> Screen damaged/removed . . . . . * 7 <input type="checkbox"/> Lock or door handle damaged/tampered with in some way . . . . . 8 <input type="checkbox"/> Other – <i>Specify</i> ↘</div><div>9 <input type="checkbox"/> Other than window or door – <i>Specify</i> ↘</div></div> <div>SKIP to 19</div>
16. How did the offender (get in/TRY to get in)? <i>Mark (X) only one box.</i>	6271 <input type="checkbox"/> Let in . . . . . 2 <input type="checkbox"/> Offender pushed his/her way in after door opened . . . . . 3 <input type="checkbox"/> Through OPEN DOOR or other opening . . 4 <input type="checkbox"/> Through UNLOCKED door or window . . . 5 <input type="checkbox"/> Through LOCKED door or window – Had key . . . . . 6 <input type="checkbox"/> Through LOCKED door or window – Picked lock, used credit card, etc., other than key 7 <input type="checkbox"/> Through LOCKED door or window – Don't know how . . . . . 8 <input type="checkbox"/> Don't know . . . . . 9 <input type="checkbox"/> Other – <i>Specify</i> ↘ . . . . . <div>SKIP to 19</div>
17a. Was it your school?	6281 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to 17c</i>
17b. In what part of the school building did it happen?	6291 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Hallway/Stairwell 3 <input type="checkbox"/> Bathroom/Locker room 4 <input type="checkbox"/> Other (library, gym, auditorium, cafeteria)
17c. ASK OR VERIFY – Did the incident happen in an area restricted to certain people or was it open to the public at the time?	6301 <input type="checkbox"/> Open to the public 2 <input type="checkbox"/> Restricted to certain people (or nobody had a right to be there) 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Other – <i>Specify</i> ↘
18. ASK OR VERIFY – Did it happen outdoors, indoors, or both?	6311 <input type="checkbox"/> Indoors (inside a building or enclosed space) 2 <input type="checkbox"/> Outdoors 3 <input type="checkbox"/> Both
19. ASK OR VERIFY – How far away from home did this happen?  <i>PROBE – Was it within a mile, 5 miles, 50 miles or more?</i> <i>Mark (X) first box that respondent is sure of.</i>	6321 <input type="checkbox"/> At, in, or near the building containing the respondent's home/next door 2 <input type="checkbox"/> A mile or less 3 <input type="checkbox"/> Five miles or less 4 <input type="checkbox"/> Fifty miles or less 5 <input type="checkbox"/> More than 50 miles 6 <input type="checkbox"/> Don't know how far

<div>20a. ASK OR VERIFY – Were you or any other member of this household present when this incident occurred?</div>	<div>634</div> <div>1 <input type="checkbox"/> Yes – Ask 20b 2 <input type="checkbox"/> No – <b>SKIP</b> to 56, page 8</div>
<div>20b. ASK OR VERIFY – Which household members were present?</div> <div>FIELD REPRESENTATIVE – If proxy interview, "Respondent" refers to the person for whom the proxy interview is taken, not the proxy respondent.</div>	<div>635</div> <div>1 <input type="checkbox"/> Respondent only 2 <input type="checkbox"/> Respondent and other household member(s) 3 <input type="checkbox"/> Only other household member(s), not respondent – <b>SKIP</b> to 59, page 8</div> <div>Ask 21</div>
<div>21. ASK OR VERIFY – Did you personally see an offender?</div> <div>FIELD REPRESENTATIVE – If proxy interview, replace "you" with the name of person for whom the proxy interview is being taken in 21–115.</div>	<div>636</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>22. Did the offender have a weapon such as a gun or knife, or something to use as a weapon, such as a bottle or wrench?</div>	<div>637</div> <div>1 <input type="checkbox"/> Yes – Ask 23 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</div> <div>SKIP to 24</div>
<div>23. What was the weapon? Anything else? Mark (X) all that apply.</div>	<div>638</div> <div>*<div>1 <input type="checkbox"/> Hand gun (pistol, revolver, etc.) 2 <input type="checkbox"/> Other gun (rifle, shotgun, etc.) 3 <input type="checkbox"/> Knife 4 <input type="checkbox"/> Other sharp object (scissors, ice pick, axe, etc.) 5 <input type="checkbox"/> Blunt object (rock, club, blackjack, etc.) 6 <input type="checkbox"/> Other – Specify</div></div>
<div>24. Did the offender hit you, knock you down or actually attack you in any way?</div>	<div>639</div> <div>1 <input type="checkbox"/> Yes – <b>SKIP</b> to 29, page 5 2 <input type="checkbox"/> No – Ask 25</div>
<div>25. Did the offender TRY to attack you?</div>	<div>640</div> <div>1 <input type="checkbox"/> Yes – <b>SKIP</b> to 28a 2 <input type="checkbox"/> No – Ask 26</div>
<div>26. Did the offender THREATEN you with harm in any way?</div>	<div>641</div> <div>1 <input type="checkbox"/> Yes – <b>SKIP</b> to 28b 2 <input type="checkbox"/> No – Ask 27</div>
<div>27. What actually happened? Anything else? Mark (X) all that apply. FIELD REPRESENTATIVE – If box 4, ASK – Do you mean forced or coerced sexual intercourse including attempts? If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–27.</div>	<div>642</div> <div>*<div>1 <input type="checkbox"/> Something taken without permission 2 <input type="checkbox"/> Attempted or threatened to take something 3 <input type="checkbox"/> Harassed, argument, abusive language 4 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 5 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Forcible entry or attempted forcible entry of house/apartment 7 <input type="checkbox"/> Forcible entry or attempted forcible entry of car 8 <input type="checkbox"/> Damaged or destroyed property 9 <input type="checkbox"/> Attempted or threatened to damage or destroy property 10 <input type="checkbox"/> Other – Specify</div></div> <div>SKIP to 40, page 6</div>
<div>28a. How did the offender TRY to attack you? Any other way?</div> <div>28b. How were you threatened? Any other way? Mark (X) all that apply. FIELD REPRESENTATIVE – If box 5, ASK – Do you mean forced or coerced sexual intercourse including attempts? If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–28.</div>	<div>643</div> <div>*<div>1 <input type="checkbox"/> Verbal threat of rape 2 <input type="checkbox"/> Verbal threat to kill 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 7 <input type="checkbox"/> Weapon present or threatened with weapon 8 <input type="checkbox"/> Shot at (but missed) 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon 11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other – Specify</div></div> <div>SKIP to 40, page 6</div>

<div>29. How were you attacked? Any other way?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If raped, ASK –</div> <div>Do you mean forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div> <div>If tried to rape, ASK –</div> <div>Do you mean attempted forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div>	<div>646</div> <div>1 <input type="checkbox"/> Raped</div> <div>*</div> <div>2 <input type="checkbox"/> Tried to rape</div> <div>3 <input type="checkbox"/> Sexual assault other than rape or attempted rape</div> <div>4 <input type="checkbox"/> Shot</div> <div>5 <input type="checkbox"/> Shot at (but missed)</div> <div>6 <input type="checkbox"/> Hit with gun held in hand</div> <div>647</div> <div>7 <input type="checkbox"/> Stabbed/cut with knife/sharp weapon</div> <div>*</div> <div>8 <input type="checkbox"/> Attempted attack with knife/sharp weapon</div> <div>9 <input type="checkbox"/> Hit by object (other than gun) held in hand</div> <div>10 <input type="checkbox"/> Hit by thrown object</div> <div>648</div> <div>11 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon</div> <div>*</div> <div>12 <input type="checkbox"/> Hit, slapped, knocked down</div> <div>13 <input type="checkbox"/> Grabbed, held, tripped, jumped, pushed, etc.</div> <div>14 <input type="checkbox"/> Other – Specify </div> <div></div>
<div>30. Did the offender THREATEN to hurt you before you were actually attacked?</div>	<div>649</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Other – Specify </div> <div></div>
<div>31. What were the injuries you suffered, if any? Anything else?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If raped and box 1 in item 29 is NOT marked, ASK –</div> <div>Do you mean forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div> <div>If attempted rape and box 2 in item 29 is NOT marked, ASK –</div> <div>Do you mean attempted forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div>	<div>655</div> <div>1 <input type="checkbox"/> None – <b>SKIP to 40</b></div> <div>*</div> <div>2 <input type="checkbox"/> Raped</div> <div>3 <input type="checkbox"/> Attempted rape</div> <div>4 <input type="checkbox"/> Sexual assault other than rape or attempted rape</div> <div>5 <input type="checkbox"/> Knife or stab wounds</div> <div>6 <input type="checkbox"/> Gun shot, bullet wounds</div> <div>656</div> <div>7 <input type="checkbox"/> Broken bones or teeth knocked out</div> <div>*</div> <div>8 <input type="checkbox"/> Internal injuries</div> <div>9 <input type="checkbox"/> Knocked unconscious</div> <div>10 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth</div> <div>11 <input type="checkbox"/> Other – Specify </div> <div></div>
<div>32. ASK OR VERIFY – Were any of the injuries caused by a weapon other than a gun or knife?</div>	<div>657</div> <div>1 <input type="checkbox"/> Yes – Ask 33</div> <div>2 <input type="checkbox"/> No – <b>SKIP to 34</b></div>
<div>33. Which injuries were caused by a weapon OTHER than a gun or knife?</div> <div>Enter code(s) from 31.</div>	<div>658</div> <div>*</div> <div><div><div></div><div></div></div>Code</div> <div><div><div></div><div></div></div>Code</div> <div><div><div></div><div></div></div>Code</div>
<div>34. Were you injured to the extent that you received any medical care, including self treatment?</div>	<div>659</div> <div>1 <input type="checkbox"/> Yes – Ask 35</div> <div>2 <input type="checkbox"/> No – <b>SKIP to 40</b></div>
<div>35. Where did you receive this care? Anywhere else?</div> <div>Mark (X) all that apply.</div>	<div>660</div> <div>*</div> <div>1 <input type="checkbox"/> At the scene</div> <div>2 <input type="checkbox"/> At home/neighbor’s/friend’s</div> <div>3 <input type="checkbox"/> Health unit at work/school, first aid station at a stadium/park, etc.</div> <div>4 <input type="checkbox"/> Doctor’s office/health clinic</div> <div>5 <input type="checkbox"/> Emergency room at hospital/emergency clinic</div> <div>6 <input type="checkbox"/> Hospital (other than emergency room)</div> <div>7 <input type="checkbox"/> Other – Specify </div> <div></div>
<div>CHECK ITEM E</div> <div>Is (box 6) "Hospital" marked in 35?</div>	<div><input type="checkbox"/> Yes – Ask 36</div> <div><input type="checkbox"/> No – <b>SKIP to 38</b></div>
<div>36. Did you stay overnight in the hospital?</div>	<div>662</div> <div>1 <input type="checkbox"/> Yes – Ask 37</div> <div>2 <input type="checkbox"/> No – <b>SKIP to 38</b></div>
<div>37. How many days did you stay (in the hospital)?</div>	<div>663</div> <div></div> <div>Number of days</div>



38. At the time of the incident, were you covered by any medical insurance, or were you eligible for benefits from any other type of health benefits program, such as medicaid, Veterans Administration, or Public Welfare?	6641 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
39. What was the total amount of your medical expenses resulting from this incident (INCLUDING anything paid by insurance)? Include hospital and doctor bills, medicine, therapy, braces, and any other injury related expenses.  FIELD REPRESENTATIVE – Obtain an estimate, if necessary.	665\$ _____ . 00 Total amount  0 <input type="checkbox"/> No cost X <input type="checkbox"/> Don't know
40. Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?	6661 <input type="checkbox"/> Yes – SKIP to 42 2 <input type="checkbox"/> No/took no action/kept still – Ask 41
41. Was there anything you did or tried to do about the incident while it was going on?	6671 <input type="checkbox"/> Yes – Ask 42 2 <input type="checkbox"/> No/took no action/kept still – SKIP to 47
42. What did you do? Anything else? Mark (X) all that apply. Then fill Check Item F.	<div>USED PHYSICAL FORCE TOWARD OFFENDER</div> 6681 <input type="checkbox"/> Attacked offender with gun; fired gun * 2 <input type="checkbox"/> Attacked with other weapon 3 <input type="checkbox"/> Attacked without weapon (hit, kicked, etc.) 4 <input type="checkbox"/> Threatened offender with gun 5 <input type="checkbox"/> Threatened offender with other weapon 6 <input type="checkbox"/> Threatened to injure, no weapon <div>RESISTED OR CAPTURED OFFENDER</div> 6697 <input type="checkbox"/> Defended self or property (struggled, ducked, blocked blows, held onto property) * 8 <input type="checkbox"/> Chased, tried to catch or hold offender <div>SCARED OR WARNED OFF OFFENDER</div> 9 <input type="checkbox"/> Yelled at offender, turned on lights, threatened to call police, etc. <div>PERSUADED OR APPEASED OFFENDER</div> 10 <input type="checkbox"/> Cooperated, or pretended to (stalled, did what they asked) 67011 <input type="checkbox"/> Argued, reasoned, pleaded, bargained, etc. * <div>ESCAPED OR GOT AWAY</div> 12 <input type="checkbox"/> Ran or drove away, or tried; hid, locked door <div>GOT HELP OR GAVE ALARM</div> 13 <input type="checkbox"/> Called police or guard 67114 <input type="checkbox"/> Tried to attract attention or help, warn others (cried out for help, called children inside) * <div>REACTED TO PAIN OR EMOTION</div> 15 <input type="checkbox"/> Screamed from pain or fear <div>OTHER</div> 16 <input type="checkbox"/> Other – Specify ↗ _____
CHECK ITEM F	Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)  <input type="checkbox"/> Yes – Ask 43a <input type="checkbox"/> No – SKIP to 43b
43a. Did you take these actions before, after, or at the same time that you were injured? Mark (X) all that apply.	6721 <input type="checkbox"/> Actions taken before injury * 2 <input type="checkbox"/> Actions taken after injury 3 <input type="checkbox"/> Actions taken at same time as injury
43b. Did (any of) your action(s) help the situation in any way?  Probe – Did your actions help you avoid injury, protect your property, escape from the offender – or were they helpful in some other way?	6731 <input type="checkbox"/> Yes – Ask 44 2 <input type="checkbox"/> No . . . . . } 3 <input type="checkbox"/> Don't know } SKIP to 45

<div>44. How were they helpful? Any other way?</div> <div>Mark (X) all that apply.</div>	<div>674</div> <div>*</div> <div><div><div><div><div></div></div><div>1</div></div><div><div><div></div></div><div>2</div></div><div><div><div></div></div><div>3</div></div><div><div><div></div></div><div>4</div></div><div><div><div></div></div><div>5</div></div><div><div><div></div></div><div>6</div></div></div><div>Helped avoid injury or greater injury to respondent</div><div>Scared or chased offender off</div><div>Helped respondent get away from offender</div><div>Protected property</div><div>Protected other people</div><div>Other – Specify</div></div> <div></div>
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74.	Were they male or female?	711	1 <input type="checkbox"/> All male 2 <input type="checkbox"/> All female 3 <input type="checkbox"/> Don't know sex of any offenders 4 <input type="checkbox"/> Both male and female – Ask 75	} <b>SKIP to 76</b>
75.	If there were only 2 offenders (item 73), <b>SKIP to 76.</b>  Were they mostly male or mostly female?	712	1 <input type="checkbox"/> Mostly male 2 <input type="checkbox"/> Mostly female 3 <input type="checkbox"/> Evenly divided 4 <input type="checkbox"/> Don't know	
76.	How old would you say the youngest was?	713	1 <input type="checkbox"/> Under 12 2 <input type="checkbox"/> 12–14 3 <input type="checkbox"/> 15–17 4 <input type="checkbox"/> 18–20	5 <input type="checkbox"/> 21–29 6 <input type="checkbox"/> 30+ – <b>SKIP to 78a</b> 7 <input type="checkbox"/> Don't know
77.	How old would you say the oldest was?	714	1 <input type="checkbox"/> Under 12 2 <input type="checkbox"/> 12–14 3 <input type="checkbox"/> 15–17 4 <input type="checkbox"/> 18–20	5 <input type="checkbox"/> 21–29 6 <input type="checkbox"/> 30+ 7 <input type="checkbox"/> Don't know
78a.	Were any of the offenders a member of a street gang, or don't you know?	715	1 <input type="checkbox"/> Yes (a member of a street gang) 2 <input type="checkbox"/> No (not a member of a street gang) 3 <input type="checkbox"/> Don't know (if a member of a street gang)	
78b.	Were any of the offenders drinking or on drugs, or don't you know?	716	1 <input type="checkbox"/> Yes (drinking or on drugs) – Ask 79 2 <input type="checkbox"/> No (not drinking/not on drugs) . . . . 3 <input type="checkbox"/> Don't know (if drinking or on drugs)	} <b>SKIP to 80</b>
79.	Which was it? (Drinking or on drugs?)	717	1 <input type="checkbox"/> Drinking 2 <input type="checkbox"/> On drugs 3 <input type="checkbox"/> Both (drinking and on drugs) 4 <input type="checkbox"/> Drinking or on drugs – could not tell which	
80.	Were any of the offenders known to you, or were they strangers you had never seen before?	718	1 <input type="checkbox"/> All known 2 <input type="checkbox"/> Some known 3 <input type="checkbox"/> All strangers 4 <input type="checkbox"/> Don't know	} <b>SKIP to 82</b>  Ask 81
81.	Would you be able to recognize any of them if you saw them?	719	1 <input type="checkbox"/> Yes . . . . . 2 <input type="checkbox"/> Not sure (possibly or probably) 3 <input type="checkbox"/> No – <b>SKIP to 85</b>	
82.	How well did you know the offender(s) – by sight only, casual acquaintance or well known?  Mark (X) all that apply.	720 *	1 <input type="checkbox"/> Sight only 2 <input type="checkbox"/> Casual acquaintance 3 <input type="checkbox"/> Well known	
<b>CHECK ITEM H</b>  Is "casual acquaintance" or "well known" marked in 82?			<input type="checkbox"/> Yes – <b>SKIP to 84</b> <input type="checkbox"/> No – Ask 83	
83.	Would you have been able to tell the police how they might find any of them, for instance, where they lived, worked, went to school, or spent time?  Mark (X) only one box.	722	1 <input type="checkbox"/> Yes . . . . . 2 <input type="checkbox"/> No . . . . . 3 <input type="checkbox"/> Other – Specify _____	} <b>SKIP to 85</b>
84.	How did you know them? For example, were they friends, cousins, etc.?  Mark (X) all that apply.	723 *	<b>RELATIVE</b> 1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Own child or step-child 5 <input type="checkbox"/> Brother/sister 6 <input type="checkbox"/> Other relative – Specify _____  <b>NONRELATIVE</b> 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 8 <input type="checkbox"/> Friend or ex-friend 9 <input type="checkbox"/> Roommate, boarder 10 <input type="checkbox"/> Schoolmate 11 <input type="checkbox"/> Neighbor 12 <input type="checkbox"/> Someone at work, customer 13 <input type="checkbox"/> Other nonrelative – Specify _____	
85.	Were the offenders White, Black, or some other race?  Mark (X) all that apply.	726 *	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Don't know race of any/some	
86.	If only one box marked in 85, <b>SKIP to 87.</b>  What race were most of the offenders?	727	1 <input type="checkbox"/> Mostly White 2 <input type="checkbox"/> Mostly Black 3 <input type="checkbox"/> Mostly some other race 4 <input type="checkbox"/> Equal number of each race 5 <input type="checkbox"/> Don't know	



94. ASK OR VERIFY –  
Was there anything (else) the offender(s) tried to take directly from you, for instance, from your pocket or hands, or something that you were wearing?  
  
Exclude property not belonging to respondent or other household member.

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1 ☐ Yes – Ask 95  
2 ☐ No – **SKIP** to 110, page 14

95. Which items did the offender(s) try to take directly from you?  
  
Enter code(s) from 90.  
  
Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household member.

746

Code

Code

Code

OR

40 ☐ Tried to take everything marked in 90 directly from respondent – **SKIP** to 110, page 14

96. What was taken that belonged to you or others in the household? Anything else?  
  
Mark (X) all that apply.  
  
FIELD REPRESENTATIVE – If purse or wallet stolen, ASK –  
  
Did it contain any money?  
  
Enter amount of stolen cash where indicated. Mark the appropriate box(es) for stolen property or the box for only cash taken.

747

Cash

\$

00

Amount of cash taken

748

1 ☐ Only cash taken – Enter amount above

Property

PURSE/WALLET/CREDIT CARDS

2 ☐ Purse

3 ☐ Wallet

4 ☐ Credit cards, check, bank cards

Ask: Did it contain money?

VEHICLE OR PARTS

5 ☐ Car

6 ☐ Other motor vehicle

7 ☐ Part of motor vehicle (tire, hubcap, attached tape deck, attached CB radio, etc.)

8 ☐ Unattached motor vehicle accessories or equipment (unattached radio, etc.)

9 ☐ Gasoline or oil

10 ☐ Bicycle or parts

HOUSEHOLD FURNISHINGS

11 ☐ TV, VCR, stereo, other household appliances

12 ☐ Silver, china, art objects

13 ☐ Other household furnishings (furniture, rugs, etc.)

PERSONAL EFFECTS

14 ☐ Portable electronic and photographic gear (Personal stereo, TV, calculator, camera, etc.)

15 ☐ Clothing, furs, luggage, briefcase

16 ☐ Jewelry, watch, keys

17 ☐ Collection of stamps, coins, etc.

18 ☐ Toys, sports and recreation equipment (not listed above)

19 ☐ Other personal and portable objects

FIREARMS

20 ☐ Handgun (pistol, revolver)

21 ☐ Other firearm (rifle, shotgun)

MISCELLANEOUS

22 ☐ Tools, machines, office equipment

23 ☐ Farm or garden produce, plants, fruit, logs

24 ☐ Animals – pet or livestock

25 ☐ Food or liquor

26 ☐ Other – Specify ↗

27 ☐ Don't know

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<div>97. Did the stolen (property/money) belong to you personally, to someone else in the household, or to both you and other household members? <i>Mark (X) only one box.</i></div>	<div>760</div> <div><div><div><div><div></div></div><div>1</div></div><div><div></div></div><div>Respondent only – <b>SKIP</b> to Check Item M</div></div><div><div><div></div></div><div>2</div></div><div><div></div></div><div>Respondent and other household member(s) – <i>Fill Check Item L</i></div></div> <div><div><div></div></div><div>3</div></div> <div><div></div></div> <div>Other household member(s) only – <i>Fill Check Item L</i></div>
--	---

4

Nonhousehold member(s) only

5

Other – *Specify* ↗ . . . . .**SKIP** to Check Item M



<div>107. What was recovered? Anything else?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If purse or wallet recovered, ASK –</div> <div>Did it contain any money?</div> <div>Enter amount of recovered cash where indicated. Mark the appropriate box(es) for recovered property or the box for only cash recovered.</div>	<div>775</div> <div>Cash</div> <div>\$ . 00 Amount of cash recovered</div> <div>776</div> <div>1 Only cash recovered</div> <div>*</div> <div>Property</div> <div>2 Purse } Ask: Did it contain any money?</div> <div>3 Wallet }</div> <div>4 Credit cards, checks, bank cards</div> <div>5 Car or other motor vehicle</div> <div>6 Property other than the above</div>
<div>CHECK ITEM O</div> <div>Was PROPERTY other than cash, checks or credit cards recovered? (If not sure, ask.)</div>	<div>777</div> <div>1 Yes – Ask 108</div> <div>2 No – SKIP to 109</div>
<div>108. Considering any damage, what was the value of the property after it was recovered? (Do not include recovered cash, checks, or credit cards.)</div>	<div>778</div> <div>\$ . 00 Value of property recovered</div>
<div>109. Was the theft reported to an insurance company?</div>	<div>779</div> <div>1 Yes</div> <div>2 No or don't have insurance</div> <div>3 Don't know</div>
<div>110. (Other than any stolen property) was anything that belonged to you or other members of the household damaged in this incident?</div> <div>PROBE – For example, was (a lock or window broken/clothing damaged/ damage done to a car), or something else?</div>	<div>780</div> <div>1 Yes – Ask 111</div> <div>2 No – SKIP to 115</div>
<div>111. Was/Were the damaged item(s) repaired or replaced?</div>	<div>781</div> <div>1 Yes, all } SKIP to 113</div> <div>2 Yes, part }</div> <div>3 No, none – Ask 112</div>
<div>112. How much would it cost to repair or replace the damaged item(s)?</div>	<div>782</div> <div>\$ . 00 Cost to repair/replace – SKIP to 114</div> <div>0 No cost – SKIP to 115</div> <div>x Don't know – SKIP to 114</div>
<div>113. How much was the repair or replacement cost?</div>	<div>783</div> <div>\$ . 00 Cost to repair/replace – Ask 114</div> <div>0 No cost – SKIP to 115</div> <div>x Don't know – SKIP to 114</div>
<div>114. Who (paid/will pay) for the repairs or replacement? Anyone else?</div> <div>Mark (X) all that apply.</div>	<div>784</div> <div>*</div> <div>1 Items will not be repaired or replaced</div> <div>2 Household member</div> <div>3 Landlord or landlord's insurance</div> <div>4 Victim's (or household's) insurance</div> <div>5 Offender</div> <div>6 Other – Specify ↴</div> <div></div>

Notes

115. Were the police informed or did they find out about this incident in any way?	8001 <input type="checkbox"/> Yes – Ask 116 2 <input type="checkbox"/> No – <b>SKIP</b> to 117 3 <input type="checkbox"/> Don't know – <b>SKIP</b> to 130, page 17
116. How did the police find out about it?  Mark (X) first box that applies.  FIELD REPRESENTATIVE – If proxy interview, we want the proxy respondent to answer questions 116–134 for herself/himself, not for the person for whom the proxy interview is being taken.	8011 <input type="checkbox"/> Respondent – <b>SKIP</b> to 119 2 <input type="checkbox"/> Other household member ..... 3 <input type="checkbox"/> Someone official called police (guard, apt. manager, school official, etc.) ..... 4 <input type="checkbox"/> Someone else ..... 5 <input type="checkbox"/> Police were at scene – <b>SKIP</b> to 123 6 <input type="checkbox"/> Offender was a police officer .. 7 <input type="checkbox"/> Some other way – Specify ↗ .. <div>} <b>SKIP</b> to 121</div> <div>} <b>SKIP</b> to 124</div>
117. What was the reason it was not reported to the police? (Can you tell me a little more?) Any other reason?  Mark (X) all that apply.  STRUCTURED PROBE –  Was the reason because you dealt with it another way, it wasn't important enough to you, insurance wouldn't cover it, police couldn't do anything, police wouldn't help, or was there some other reason?	<div>802</div> <div>*</div> <div>DEALT WITH ANOTHER WAY</div> <div>1 <input type="checkbox"/> Reported to another official (guard, apt. manager, school official, etc.)</div> <div>2 <input type="checkbox"/> Private or personal matter or took care of it myself or informally; told offender's parent</div> <div>NOT IMPORTANT ENOUGH TO RESPONDENT</div> <div>3 <input type="checkbox"/> Minor or unsuccessful crime, small or no loss, recovered property</div> <div>4 <input type="checkbox"/> Child offender(s), "kid stuff"</div> <div>5 <input type="checkbox"/> Not clear it was a crime or that harm was intended</div> <div>INSURANCE WOULDN'T COVER</div> <div>6 <input type="checkbox"/> No insurance, loss less than deductible, etc.</div> <div>POLICE COULDN'T DO ANYTHING</div> <div>7 <input type="checkbox"/> Didn't find out until too late</div> <div>8 <input type="checkbox"/> Could not recover or identify property</div> <div>9 <input type="checkbox"/> Could not find or identify offender, lack of proof</div> <div>POLICE WOULDN'T HELP</div> <div>10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved</div> <div>803</div> <div>*</div> <div>11 <input type="checkbox"/> Police would be inefficient, ineffective (they'd arrive late or not at all, wouldn't do a good job, etc.)</div> <div>12 <input type="checkbox"/> Police would be biased, would harass/insult respondent, cause respondent trouble, etc.)</div> <div>13 <input type="checkbox"/> Offender was police officer</div> <div>OTHER REASON</div> <div>804</div> <div>*</div> <div>14 <input type="checkbox"/> Did not want to get offender in trouble with the law</div> <div>15 <input type="checkbox"/> Was advised not to report to police</div> <div>16 <input type="checkbox"/> Afraid of reprisal by offender or others</div> <div>805</div> <div>*</div> <div>17 <input type="checkbox"/> Did not want to or could not take time – too inconvenient</div> <div>18 <input type="checkbox"/> Other – Specify ↗</div> <div>19 <input type="checkbox"/> Respondent not present or doesn't know why it wasn't reported</div>
CHECK ITEM PIs more than one reason marked in 117?	1 <input type="checkbox"/> Yes – Ask 118 2 <input type="checkbox"/> No – <b>SKIP</b> to 130, page 17
118. Which of these would you say was the most important reason why the incident was not reported to the police?  Enter code from 117.	808 <div><div></div><div></div>Code – <b>SKIP</b> to 130, page 17</div> 30 <input type="checkbox"/> No one reason more important – <b>SKIP</b> to 130, page 17
Notes	

<div>119.</div> <div>Besides the fact that it was a crime, did YOU have any other reason for reporting this incident to the police?</div> <div>Any other reason?</div> <div>Mark (X) all that apply.</div> <div>STRUCTURED PROBE –</div> <div>Did you report it to get help with this incident, to recover your loss, to stop or punish the offender, to let police know about it, or was there some other reason?</div>	<div>809</div> <div>*</div> <div>TO GET HELP WITH THIS INCIDENT</div> <div>1 <input type="checkbox"/> Stop or prevent THIS incident from happening</div> <div>2 <input type="checkbox"/> Needed help after incident due to injury, etc.</div> <div>TO RECOVER LOSS</div> <div>3 <input type="checkbox"/> To recover property</div> <div>4 <input type="checkbox"/> To collect insurance</div> <div>TO GET OFFENDER</div> <div>5 <input type="checkbox"/> To prevent further crimes against respondent/ respondent’s household by this offender</div> <div>6 <input type="checkbox"/> To stop this offender from committing other crimes against anyone</div> <div>7 <input type="checkbox"/> To punish offender</div> <div>8 <input type="checkbox"/> Catch or find offender – other reason or no reason given</div> <div>TO LET POLICE KNOW</div> <div>9 <input type="checkbox"/> To improve police surveillance of respondent’s home, area, etc.</div> <div>10 <input type="checkbox"/> Duty to let police know about crime</div> <div>OTHER</div> <div>11 <input type="checkbox"/> Other reason – Specify _____</div> <div>12 <input type="checkbox"/> No other reason – <b>SKIP</b> to 121</div> <div>810</div> <div>*</div>
<div>CHECK ITEM Q</div> <div>Is more than one reason marked in 119?</div>	<div><input type="checkbox"/> Yes – Ask 120</div> <div><input type="checkbox"/> No – <b>SKIP</b> to 121</div>
<div>120.</div> <div>Which of these would you say was the most important reason why the incident was reported to the police?</div> <div>Enter code from 119.</div>	<div>813</div> <div><div><div></div><div></div></div>Code</div> <div>21 <input type="checkbox"/> No one reason more important</div> <div>22 <input type="checkbox"/> Because it was a crime was most important</div>
<div>121.</div> <div>Did the police come when they found out about the incident?</div>	<div>814</div> <div>1 <input type="checkbox"/> Yes – Ask 122</div> <div>2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 124</div> <div>3 <input type="checkbox"/> Don’t know } <b>SKIP</b> to 124</div> <div>4 <input type="checkbox"/> Respondent went to police – <b>SKIP</b> to 123</div>
<div>122.</div> <div>How soon after the police found out did they respond? Was it within 5 minutes, within 10 minutes, an hour, a day, or longer?</div> <div>Mark (X) first category respondent is sure of.</div>	<div>815</div> <div>1 <input type="checkbox"/> Within 5 minutes</div> <div>2 <input type="checkbox"/> Within 10 minutes</div> <div>3 <input type="checkbox"/> Within an hour</div> <div>4 <input type="checkbox"/> Within a day</div> <div>5 <input type="checkbox"/> Longer than a day</div> <div>6 <input type="checkbox"/> Don’t know how soon</div>
<div>123.</div> <div>What did they do while they were (there/here)? Anything else?</div> <div>Mark (X) all that apply.</div>	<div>816</div> <div>*</div> <div>1 <input type="checkbox"/> Took report</div> <div>2 <input type="checkbox"/> Searched/looked around</div> <div>3 <input type="checkbox"/> Took evidence (fingerprints, inventory, etc.)</div> <div>4 <input type="checkbox"/> Questioned witnesses or suspects</div> <div>5 <input type="checkbox"/> Promised surveillance</div> <div>6 <input type="checkbox"/> Promised to investigate</div> <div>7 <input type="checkbox"/> Made arrest</div> <div>8 <input type="checkbox"/> Other – Specify _____</div> <div>9 <input type="checkbox"/> Don’t know</div> <div>817</div> <div>*</div>
<div>124.</div> <div>Did you (or anyone in your household) have any later contact with the police about the incident?</div>	<div>818</div> <div>1 <input type="checkbox"/> Yes – Ask 125</div> <div>2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 128</div> <div>3 <input type="checkbox"/> Don’t know } <b>SKIP</b> to 128</div>
<div>125.</div> <div>Did the police get in touch with you or did you get in touch with them?</div>	<div>819</div> <div>1 <input type="checkbox"/> Police contacted respondent or other HHLD member</div> <div>2 <input type="checkbox"/> Respondent (or other HHLD member) contacted police</div> <div>3 <input type="checkbox"/> Both</div> <div>4 <input type="checkbox"/> Don’t know</div> <div>5 <input type="checkbox"/> Other – Specify _____</div>
<div>126.</div> <div>Was that in person, by phone, or some other way?</div>	<div>820</div> <div>1 <input type="checkbox"/> In person</div> <div>2 <input type="checkbox"/> Not in person (by phone, mail, etc.)</div> <div>3 <input type="checkbox"/> Both in person and not in person</div> <div>4 <input type="checkbox"/> Don’t know</div>
<div>127.</div> <div>What did the police do in following up this incident? Anything else?</div> <div>Mark (X) all that apply.</div>	<div>821</div> <div>*</div> <div>1 <input type="checkbox"/> Took report</div> <div>2 <input type="checkbox"/> Questioned witnesses or suspects</div> <div>3 <input type="checkbox"/> Did or promised surveillance/investigation</div> <div>4 <input type="checkbox"/> Recovered property</div> <div>5 <input type="checkbox"/> Made arrest</div> <div>6 <input type="checkbox"/> Stayed in touch with respondent/household</div> <div>7 <input type="checkbox"/> Other – Specify ↴ _____</div> <div>8 <input type="checkbox"/> Nothing (to respondent’s knowledge)</div> <div>9 <input type="checkbox"/> Don’t know</div> <div>822</div> <div>*</div>

128.	Did you (or someone in your household) sign a complaint against the offender(s) to the police department or the authorities?	825	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
129.	ASK OR VERIFY – As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?	826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
130.	Did you (or someone in your household) receive any help or advice from any office or agency — other than the police — that deals with victims of crime?	827	1 <input type="checkbox"/> Yes – Ask 131 2 <input type="checkbox"/> No . . . . . 3 <input type="checkbox"/> Don't know } <b>SKIP</b> to Check Item R
131.	Was that a government or private agency?	828	1 <input type="checkbox"/> Government 2 <input type="checkbox"/> Private 3 <input type="checkbox"/> Don't know
CHECK ITEM R	Were the police informed? (Is "Yes" marked in 115 on page 15?)		<input type="checkbox"/> Yes – Ask 132 <input type="checkbox"/> No – <b>SKIP</b> to 135
132.	Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?	829	1 <input type="checkbox"/> Yes – Ask 133 2 <input type="checkbox"/> No . . . . . 3 <input type="checkbox"/> Don't know } <b>SKIP</b> to 134
133.	Which authorities? Any others? Mark (X) all that apply.	830 *	1 <input type="checkbox"/> Prosecutor, district attorney 2 <input type="checkbox"/> Magistrate 3 <input type="checkbox"/> Court 4 <input type="checkbox"/> Juvenile, probation or parole officer 5 <input type="checkbox"/> Other – Specify ↴  _____
134.	Do you expect the police, courts, or other authorities will be doing anything further in connection with this incident?	831	1 <input type="checkbox"/> Yes –Specify ↴  _____ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
135.	ASK OR VERIFY – What were you doing when this incident (happened/started)? Mark (X) only one box. FIELD REPRESENTATIVE – If proxy interview, replace "you" with the name of the person for whom the proxy interview is being taken in 135–160.	832	1 <input type="checkbox"/> Working or on duty – <b>SKIP</b> to 138 2 <input type="checkbox"/> On the way to or from work – <b>SKIP</b> to 138 3 <input type="checkbox"/> On the way to or from school 4 <input type="checkbox"/> On the way to or from other place 5 <input type="checkbox"/> Shopping, errands 6 <input type="checkbox"/> Attending school 7 <input type="checkbox"/> Leisure activity away from home 8 <input type="checkbox"/> Sleeping 9 <input type="checkbox"/> Other activities at home 10 <input type="checkbox"/> Other – Specify ↴  _____ 11 <input type="checkbox"/> Don't know
136.	ASK OR VERIFY – Did you have a job at the time of the incident?	840	1 <input type="checkbox"/> Yes – <b>SKIP</b> to 138 2 <input type="checkbox"/> No
137.	What was your major activity the week of the incident — were you looking for work, keeping house, going to school, or doing something else? Mark (X) only one box.	841	1 <input type="checkbox"/> Looking for work . . . 2 <input type="checkbox"/> Keeping house . . . 3 <input type="checkbox"/> Going to school . . . 4 <input type="checkbox"/> Unable to work . . . 5 <input type="checkbox"/> Retired . . . . . 6 <input type="checkbox"/> Other – Specify ↴ . . . } <b>SKIP</b> to 151, page 19  _____

Notes

<div>138. Which of the following best describes your job at the time of the incident?</div> <div>PERSONAL INTERVIEW (Show flashcard)</div> <div>TELEPHONE INTERVIEW – Were you employed in the (Read main headings until you get a yes. Then read answer categories) —</div> <div>Mark only one category.</div>	<div>842</div> <div>1 <input type="checkbox"/> Physician</div> <div>2 <input type="checkbox"/> Nurse</div> <div>3 <input type="checkbox"/> Technician</div> <div>4 <input type="checkbox"/> Other – Specify</div> <div>Medical Profession – As a –</div> <div>5 <input type="checkbox"/> Professional (social worker/psychiatrist)</div> <div>6 <input type="checkbox"/> Custodial care</div> <div>7 <input type="checkbox"/> Other – Specify</div> <div>Mental Health Services Field – Are your duties –</div> <div>8 <input type="checkbox"/> Preschool</div> <div>9 <input type="checkbox"/> Elementary</div> <div>10 <input type="checkbox"/> Junior high or middle school</div> <div>11 <input type="checkbox"/> High school</div> <div>12 <input type="checkbox"/> College or university</div> <div>13 <input type="checkbox"/> Technical or industrial school</div> <div>14 <input type="checkbox"/> Special education facility</div> <div>15 <input type="checkbox"/> Other – Specify</div> <div>Teaching Profession – Were you employed in a –</div> <div>16 <input type="checkbox"/> Law enforcement officer</div> <div>17 <input type="checkbox"/> Prison or jail guard</div> <div>18 <input type="checkbox"/> Security guard</div> <div>19 <input type="checkbox"/> Other – Specify</div> <div>Law Enforcement or Security Field – Were you employed as a –</div> <div>20 <input type="checkbox"/> Convenience or liquor store clerk</div> <div>21 <input type="checkbox"/> Gas station attendant</div> <div>22 <input type="checkbox"/> Bartender</div> <div>23 <input type="checkbox"/> Other – Specify</div> <div>Retail Sales – Were you employed as a –</div> <div>24 <input type="checkbox"/> Bus driver</div> <div>25 <input type="checkbox"/> Taxi cab driver</div> <div>26 <input type="checkbox"/> Other – Specify</div> <div>Transportation Field – Were you employed as a –</div> <div>OR</div> <div>27 <input type="checkbox"/> Something else – Specify</div>
<div>139. ASK OR VERIFY – Was your job with (Read answer categories) –</div>	<div>843</div> <div>1 <input type="checkbox"/> A private company, business, or individual for wages?</div> <div>2 <input type="checkbox"/> The Federal government?</div> <div>3 <input type="checkbox"/> A State, county, or local government?</div> <div>4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?</div>
<div>140. While working at this job, did you work mostly in (Read answer categories) –</div>	<div>844</div> <div>1 <input type="checkbox"/> A city?</div> <div>2 <input type="checkbox"/> Suburban area?</div> <div>3 <input type="checkbox"/> Rural area?</div> <div>4 <input type="checkbox"/> Combination of any of these?</div>
<div>141. ASK OR VERIFY – Did this incident happen at your work site?</div>	<div>845</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don’t know</div> <div>4 <input type="checkbox"/> Other – Specify</div>
<div>142. Did you usually work days or nights?</div>	<div>846</div> <div>1 <input type="checkbox"/> Days</div> <div>2 <input type="checkbox"/> Nights</div> <div>3 <input type="checkbox"/> Both days and nights/rotating shifts</div>
<div>CHECK ITEM S</div> <div>Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)</div>	<div><input type="checkbox"/> Yes (injury marked in 31) – Ask 143</div> <div><input type="checkbox"/> No (blank or None marked in 31) – SKIP to 147</div>
<div>143. Did YOU lose time from work because of the injuries you suffered in this incident?</div>	<div>870</div> <div>1 <input type="checkbox"/> Yes – Ask 144</div> <div>2 <input type="checkbox"/> No – SKIP to 147</div>
<div>144. How much time did you lose because of injuries?</div>	<div>871</div> <div>_____ Number of days – Ask 145</div> <div>0 <input type="checkbox"/> Less than one day – SKIP to 147</div> <div>x <input type="checkbox"/> Don’t know – Ask 145</div>
<div>145. During these days, did you lose any pay that was not covered by unemployment insurance, sick leave, or some other source?</div>	<div>872</div> <div>1 <input type="checkbox"/> Yes – Ask 146</div> <div>2 <input type="checkbox"/> No – SKIP to 147</div>
<div>146. About how much pay did you lose?</div>	<div>873</div> <div>\$_____ . 00 Amount of pay lost</div> <div>x <input type="checkbox"/> Don’t know</div>



147. Did YOU lose any (other) time from work because of this incident for such things as cooperating with a police investigation, testifying in court, or repairing or replacing damaged or stolen property?  
  
Mark (X) all that apply. If no time was lost for any of these reasons, mark None (box 6).

874  
\*

1☐ Police related activities . . . . .

2☐ Court related activities . . . . .

3☐ Repairing damaged property . . . . .

4☐ Replacing stolen items . . . . .

5☐ Other – Specify ↴

Ask 148

6☐ None (did not lose time from work for any of these reasons) – **SKIP** to 151

148. How much time did you lose altogether because of (name all reasons marked in 147)?

875

Number of days – Ask 149

0☐ Less than one day – **SKIP** to 151

x☐ Don't know – Ask 149

149. During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?

876

1☐ Yes – Ask 150

2☐ No – **SKIP** to 151

150. About how much pay did you lose?

877

\$ . 00 Amount of pay lost

x☐ Don't know

151. Were there any (other) household members 16 years or older who lost time from work because of this incident?

878

1☐ Yes – Ask 152

2☐ No – **SKIP** to Check Item T

152. How much time did they lose altogether?

879

Number of days

0☐ Less than one day

x☐ Don't know

CHECK ITEM T

Was the respondent on the way to or from work, school, or some other place when the incident (happened/started)? (Is box 2, 3, or 4 marked in 135 on page 17?)

☐ Yes – Ask 153

☐ No – **SKIP** to Check Item U

153. ASK OR VERIFY – You told me earlier you were on the way (to/from) (work/school/some place) when the incident happened. What means of transportation were you using?  
  
Mark (X) only one box.

881

1☐ Car, truck or van

2☐ Motorcycle

3☐ Bicycle

4☐ On foot

5☐ School bus (private or public)

6☐ Bus or trolley

7☐ Subway or rapid transit

8☐ Train

9☐ Taxi

10☐ Other – Specify ↴

CHECK ITEM U

Is this incident part of a series of crimes? (Is box 2 (is a "series") marked in Check Item D on page 1?)

☐ Yes – Ask 154

☐ No – **SKIP** to Item 161, page 21

154. You have told me about the most recent incident. How many times did this kind of thing happen to you during the last 6 months?

883

Number of incidents – Ask 155

OR

Don't know – Is that because there is no way of knowing, or because it happened too many times, or is there some other reason?

884

1☐ No way of knowing

2☐ Happened too many times

3☐ Some other reason – Specify ↴

155. In what month or months did these incidents take place?  
  
If more than one quarter involved, ASK ↴ How many in (name months)?  
  
FIELD REPRESENTATIVE – Enter number for each quarter as appropriate.

Number of incidents per quarter			
Jan., Feb., or March (Qtr. 1)	April, May, or June (Qtr. 2)	July, Aug., or Sept. (Qtr. 3)	Oct., Nov., or Dec. (Qtr. 4)
885	886	887	888

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<div>156. Did all, some, or none of these incidents occur in the same place?</div> <div>Mark (X) only one box.</div>	<div>889</div> <div>1 <input type="checkbox"/> All in the same place</div> <div>2 <input type="checkbox"/> Some in the same place</div> <div>3 <input type="checkbox"/> None in the same place</div>
<div>157. Were all, some, or none of these incidents done by the same person(s)?</div> <div>Mark (X) only one box.</div>	<div>890</div> <div>1 <input type="checkbox"/> All by same person</div> <div>2 <input type="checkbox"/> Some by same person</div> <div>3 <input type="checkbox"/> None by same person</div> <div>4 <input type="checkbox"/> Don't know – <b>SKIP</b> to 159</div>
<div>158. What (was/were) the offender(s) relationship(s) to you? For example, friend, spouse, schoolmate, etc.</div> <div>Mark (X) all that apply.</div>	<div>891</div> <div>*</div> <div>Relative</div> <div>1 <input type="checkbox"/> Spouse at time of incident</div> <div>2 <input type="checkbox"/> Ex-spouse at time of incident</div> <div>3 <input type="checkbox"/> Parent or step-parent</div> <div>4 <input type="checkbox"/> Other relative – <i>Specify</i> <input type="checkbox"/></div> <div>Nonrelative</div> <div>5 <input type="checkbox"/> Friend or ex-friend</div> <div>6 <input type="checkbox"/> Neighbor</div> <div>892</div> <div>*</div> <div>7 <input type="checkbox"/> Schoolmate</div> <div>8 <input type="checkbox"/> Roommate, boarder</div> <div>9 <input type="checkbox"/> Stranger</div> <div>10 <input type="checkbox"/> Other nonrelative – <i>Specify</i> <input type="checkbox"/></div>
<div>159. Did the same thing happen each time?</div>	<div>893</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – <b>How did the incidents differ?</b></div>
<div>160. Is the trouble still going on?</div>	<div>894</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – <b>What ended it?</b></div>
<div>CHECK ITEM V1</div> <div>Mark the ONE category that best describes this series of crimes.</div> <div>If more than one category describes this series, mark the box with the lowest number.</div>	<div>895</div> <div>Contact crimes</div> <div>1 <input type="checkbox"/> Completed or threatened violence in the course of the victim's job (police officer, security guard, psychiatric social worker, etc.)</div> <div>2 <input type="checkbox"/> Completed or threatened violence between spouses, other relatives, friends, neighbors, etc.</div> <div>3 <input type="checkbox"/> Completed or threatened violence at school or on school property</div> <div>4 <input type="checkbox"/> Other contact crimes (other violence, pocket picking, purse snatching, etc.) – <i>Specify</i> <input type="checkbox"/></div> <div>Noncontact crimes</div> <div>5 <input type="checkbox"/> Theft or attempted theft of motor vehicles</div> <div>6 <input type="checkbox"/> Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached tape deck, etc.)</div> <div>7 <input type="checkbox"/> Theft or attempted theft of contents of motor vehicle, including unattached parts</div> <div>8 <input type="checkbox"/> Theft or attempted theft at school or on school property</div> <div>9 <input type="checkbox"/> Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel</div> <div>10 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) known to victim (roommate, babysitter, etc.)</div> <div>11 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) unknown to victim</div> <div>12 <input type="checkbox"/> Other theft or attempted theft (at work, while shopping, etc.) – <i>Specify</i> <input type="checkbox"/></div>

<div>161. Hate crimes are motivated by dislike for members of specific groups.</div> <div>Was the incident just discussed motivated by dislike for:</div> <div><div><div>(a) People of your race? . . . . .</div><div>896</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>(b) People of your religion? . . . . .</div><div>897</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>(c) People of your ethnic background or national origin (for example, people of Hispanic origin)? . . . . .</div><div>898</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>(d) People with disabilities (by this I mean physical, mental or developmental disabilities)? . . . . .</div><div>899</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>(e) People of your gender? . . . . .</div><div>900</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>(f) People because of their sexual orientation? . . . . .</div><div>901</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>If "Yes," SAY – by this I mean gay, lesbian, bisexual or heterosexual</div><div>(g) Any other reason? (Ask only if "No" is marked in all boxes a–f.) . . . . .</div><div>902</div><div>1 <input type="checkbox"/> Yes –Specify ↘</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>903</div><div>Describe in detail</div><div></div><div></div><div></div><div></div></div></div>	
<div>CHECK ITEM V2</div>	<div>Are all boxes in Item 161 marked "No" or "Don't know?"</div> <div><div><input type="checkbox"/> Yes – SKIP to Check Item W</div><div><input type="checkbox"/> No – Ask 162</div></div>
<div>162. What occurred that makes you believe the incident was motivated by dislike for (Name all the reason(s) marked "Yes" in categories a–f or read the write-in entry in 161 category g.)?</div> <div><div>FIELD REPRESENTATIVE –</div><div>Write a detailed account of the reason(s) the respondent feels the incident was motivated by dislike.</div><div>PERSONAL INTERVIEW –</div><div>After writing the detailed account, hand the respondent the NCVS-554(X) flashcard and ask –</div><div>Which of these categories describe why you believe the incident was motivated by dislike?</div><div>Mark (X) all that apply.</div><div>TELEPHONE INTERVIEW –</div><div>Read each category and mark ALL the categories that the respondent tells you why he/she believes the incident was motivated by dislike.</div></div> <div><div>904</div><div>Describe in detail</div><div></div><div></div><div></div><div></div></div> <div><div>905</div><div>* Respondent's classifications based on flashcard</div><div><div>1 <input type="checkbox"/> Offender made negative comments or used other hate or abusive language about the group.</div><div>2 <input type="checkbox"/> Hate symbols were present (for example, written words, a burning cross, a swastika, or other graffiti)</div><div>3 <input type="checkbox"/> You believe the offender was a member of a group known to have committed similar acts.</div><div>4 <input type="checkbox"/> Investigation by the police confirmed that the incident was motivated by dislike of a particular group.</div><div>5 <input type="checkbox"/> Incident occurred at or near a location, place, or building commonly associated with a specific group (for example, a building such as a synagogue or a gay bar).</div><div>6 <input type="checkbox"/> Other similar incidents have happened to you or in the area/neighborhood.</div><div>7 <input type="checkbox"/> Your feeling, instinct, or perception, without specific evidence.</div><div>8 <input type="checkbox"/> Other – Specify ↘</div><div></div><div></div></div></div>	
<div>CHECK ITEM V3</div>	<div>Did the respondent inform the police about the incident? Is box 1 marked in question 116?</div> <div><div><input type="checkbox"/> Yes – Ask 163</div><div><input type="checkbox"/> No – SKIP to Check Item W</div></div>
<div>163. At any time, did you tell the police that you believed the incident was a hate crime?</div> <div><div>908</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div></div>	



